

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention

Application for Collection Center For Hazardous Products

A. Identification Information

1. Name of applicant/sponsor: Name of municipality or entity which will have overall responsibility for the center:

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Service area – List municipalities to be served and number of households in:

Municipality

of households

2. Contact person – the person who should be contacted if DEP has questions about this application:

Name

Street address

City/town

Zip

Telephone Number

3. Site information:

Name of collection center

Street address

City/town

Zip

Site Owner:

Name

Contact name (if different from owner name)

Telephone number

Fax

E-mail Address

4. Name of operator – the person or company designated by the applicant for on-site management of hazardous products, including manifest signing:

Name (if company)

Name(s) (if person)

Telephone Number

Title/affiliation

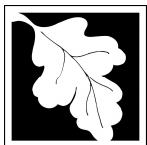
Address

City/town

Zip

E-mail Address

5. Name of Hazardous Waste Generator:



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A. Identification Information (con't)

Hazardous Waste Generator ID Number (or date of application if not yet assigned):

6. Emergency Coordinator:

Name

Title

Telephone number

7. Hazardous Waste Transporter(s) – Licensed transporter who is contracted to remove hazardous waste:

Name

EPA Identification Number

Transporter who is contracted to remove universal waste:

8. Physical description of the center:

- a. Provide USGS map showing location, in context of at least 1 mile, any public or private water supply wells or surface water bodies within 500ft
- b. Describe in a schematic the lay out of the site, showing
 - access and egress
 - parking for users
 - security
 - location of drains (floor, storm)
 - receiving area, sorting area
 - work area surface
 - storage areas for hazardous waste, universal waste
 - related activity areas – product exchange

B. Collection Center Operation Information

1. Service plan:

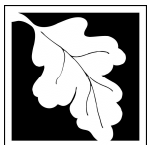
a. List types of waste, universal waste and recyclable materials to be collected

b. Months, days and times when collection center will open

c. Will hazardous wastes be accepted for VSQG's? ☐ Yes ☐ No

If yes, will there be a user fee for VSQG's?

If yes, what is the fee?



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B. Collection Center Operation Information (con't)

d. Will there be any user fee for residents? ☐ Yes ☐ No

If yes what is the fee?

e. Will the center collect wastes from other municipal agencies which qualify as VSQG's?
☐ Yes ☐ No

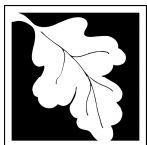
f. Will the center be a consolidation point for mobile one-day events in the area? ☐ Yes ☐ No

If yes, list communities served?

2. Education Plan – Describe your plan to educate the service area about the collection program, appropriate handling of materials, and waste minimization, such as purchasing only the amount needed and using non-hazardous products.

The plan should include the location, tours, and dates of the collection and what will be accepted and not accepted.

3. Financial assurance plan – Describe your budget and funding sources for the staffing of the center, public education, capital equipment, shipping of materials, both hazardous and non-hazardous, and closure. Funding may come from a combination of public and private sources, including fees.
4. Operation plan – Describe the jobs of persons working for the operator (section A, number 4). Describe how wastes (ignitables, reactives, incompatibles) will be stored.
5. Emergency prevention plan – List equipment and materials at the center for emergency response, e.g. absorbent cleanup material, tarps for work area, covers for storm drains or manholes, portable fire extinguisher, telephone to summon emergency personnel, eye wash.
6. Training verification – Describe training/preparation of the operator (on-site manager). Include the individual's regular job experience, general education, haz-mat training, and any specialized training such as paint sorting. The operator may have other responsibilities within the community or may be a qualified third part contracted by the sponsor to manage the program. A field chemist must be on site during a collection of hazardous waste.



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C. Certification

To be completed by an authorized
representative of the applicant.

Print name

"I certify under penalty of law that I have
personally examined and am familiar with the
information submitted in this and all attached
documents and that based on my inquiry of
those individuals immediately responsible for
obtaining the information, I believe that the
submitted information is true, accurate, and
complete.

Authorized signature

Position/title

Date

I understand that a collection center for
hazardous waste from households or VSQG's
must be managed in accordance with all
applicable environmental laws and regulations
and that DEP may inspect this center to verify
compliance."

Please mail forms to the following DEP staff, according to your DEP region:

Northeast: John Keating
 DEP Northeast Region
 One Winter Street
 Boston, MA 02108

Southeast: Carl Natho
 DEP Southeast Region
 20 Riverside Drive
 Lakeville, MA 02347

Central: John Regan
 DEP Central Region
 627 Main St.
 Worcester, MA 01605

Western: John Downes
 DEP Western Region
 436 Dwight Street
 Springfield, MA 01103